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ABSTRACT

This report on the proceedings of a workshop on the older woman presents purposes of the workshop, including the stimulation of interest by researchers in questions currently relevant to the lives of older women and the generation of future research agenda for the two sponsoring institutes. The following areas of concern are addressed: (1) methodological problems in approaches to research on older women; (2) health and illness issues and their relationship to psychosocial conditions; (3) services and institutionalization; (4) family and family relationships, and (5) labor force participation, retirement, economics, and housing. (Author/HLM)

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ED184035

# THE OLDER WOMAN:

# CONTINUITIES

# AND DISCONTINUITIES

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Report of the
National Institute on Aging

and the

National Institute of Mental Health
Workshop

September 14-16, 1978

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# PREFACE

by

Robert N. Butler, M.D.

Director, National Institute on Aging

The problems of old age in America are largely the problems of women. By the year 2000 there will likely be ten women for every five men over the age of 75. The reason for this imbalance is that women are living much longer than men. Women in the 65-and-older age group are the fastest growing segment of the U.S. population, with 13.9 million older women (versus 9.5 million older men) in 1977, expected to increase to 33.4 million women (versus 22.4 million men) by the year 2035. By the year 2050, a 65-year-old woman can expect to live to age 85.7, or 5.7 years longer than her male counterpart, versus 4.3 years today.

While the increased survivorship of women has enormous personal, economic, social and cultural consequences, it also represents a major human triumph, considering that only a hundred years ago many women died during childbirth, and less than half of those who survived to age 15 experienced the usual life events of late adolescence, marriage, parenthood, middle age, widowhood and old age. Thus contemporary women survive to face a wide variety of experiences.

To explore the problems and potentials of older women--defined as those now in their seventies and older--the National Institute on Aging and National Institute of Mental Health sponsored a 3-day

workshop on "The Older Woman: Continuities and Discontinuities," September 14-16, 1978, on the campus of the National Institutes of Health in Bethesda, Maryland. The workshop was organized and co-chaired by Dr. Betty H. Pickett, then Associate Director of the Extramural and Collaborative Research Program, National Institute on Aging,* and Joyce B. Lazar, Chief of the Social Science Section, Division of Extramural Research Programs, National Institute of Mental Health.

The purposes of the workshop were to stimulate the interest of researchers in questions currently relevant to the lives of older women and to generate a future research agenda for the two sponsoring Institutes.

Such a research effort is particularly relevant to the National Institute on Aging's mandate to improve the quality of life of older people through research in the medical, biological and social and behavioral sciences. Thus the sponsoring Institutes called upon the skill and imagination of a broad segment of the American scientific community during the 2 1/2 day workshop, and drew up a significant agenda of ideas that we hope will catalyze research efforts around the country in areas of particular concern to women.

What are some of these concerns? Paralleling the program of the workshop, they include the impact of health, economic and

*Now Deputy Director-Designate, National Institute of Child Health and Human Development.

social institutions on the lives of older women and the impact, in turn, of older women upon these institutions. The research concerns include family roles and social networks in later life; experiences with loneliness, bereavement and depression; new roles and relationships including those involving sex and intimacy; and cross-cultural and minority group differences among older women.

More specifically, a research program concerning older women might include studies of osteoporosis, estrogen use, stress incontinence, and cryptogenic drop attacks, a special affliction of women in which they drop and fall without losing consciousness but cannot easily rise again. Psychological studies might focus on depression, excess drug use in women, late life alcoholism, stigmatization of the widow, and negative stereotyping of women. Studies of the social networks of older women might include the impact of childlessness, grandparentage, friendship patterns and intergenerational relations. Seventy percent of the residents of nursing homes are women, even though only 5 percent of the older population lives in such institutions. Older women are more frequently victimized by crime, rape, and assault, and research on these issues seems in order. On a more positive note, researchers might explore how creative women deal with the aging process, how they maintain and use power in the community, and how they make the transition from middle age to old age.

The later years of life, like all the earlier phases, have both problems and potentials. Change is the hallmark of living. My own

experience shows that people happily respond to this challenge and alter and vary their identities throughout life. The age of our population, and the changes inherent in that process, are among the greatest social, cultural, economic and health challenges of our era. Research--the discovery and application of new knowledge--is one vital way of helping older women respond to those challenges.

# # #

## I. INTRODUCTION

Prior to the Women's Movement, relatively little attention was paid to issues specific to women, and the research literature reflected this lack of concern. Although research interest in younger women, their work, their lifestyles, and their economic and social conditions has increased in recent years, women over the age of 70 have received little emphasis. In recognition of this gap, the National Institute on Aging and the National Institute of Mental Health invited an interdisciplinary group of researchers to a working conference entitled, "The Older Woman: Continuities and Discontinuities."

The participants represented a range of social science disciplines: history, economics, demography, epidemiology, social psychology, sociology, psychology and psychiatry. No formal papers were requested or presented; instead the participants were asked to identify pertinent gaps in contemporary knowledge in their areas of expertise and to project needs for future research.

Throughout the meeting conferees stressed both the continuities and discontinuities in the lives of women. Referred to as the "kin-keepers," women's emotional relationships with parents, siblings, offspring and friends are a major source of continuity throughout their lives (as is responsibility for housework). The discontinuities in women's lives are even more pronounced; frequently these include intermittent labor force participation, marriage, divorce, and geographic mobility and income often related to their marital status

or changes in a husband's employment. While their children provide a continuity with the future, women's lives are segmented by the ages and stages of their children: the toddler years, the school years, the "empty nest" stage. It was these continuities and discontinuities on which the conference focused.

## II. EXECUTIVE SUMMARY AND RECOMMENDATIONS

### 1. Methodological Problems in Approaches to Research on Older Women

Heterogeneity among older women was stressed throughout the conference. Too often, research on older women has been subject to the biases of culture, race, class and sex. Many of the data necessary to understand the lives and needs of older women simply are unavailable.

- o More data are needed about women as individuals: presently, major data sources deal with women merely as wives, mothers, or heads of households.
- o While it is often reported that women move in and out of the labor force, longitudinal data to substantiate this generally accepted statement are not presently available.
- o More information is also needed about families. The current Bureau of the Census household concept allows for relationships only for those living together.

The data do not provide information about family networks and family structures.

- Women live longer than men and the differential in longevity is growing. Research on the reasons for differential longevity is needed.
- Data on minority women, women of specific ethnic groups and social classes, rural women, and childless women are scarce, partly because data on all women are often aggregated so that important differences among subgroups are obscured. Too little research has focused on subpopulations of women within the society.

Various research methods can be combined to broaden our understanding of the condition and the meaning of old age. Large-scale surveys are needed to provide a national overview, but in addition more intensive studies are needed to understand the underlying processes of aging and how, as they grow older, women view the events in their lives.

- More longitudinal studies are needed of many aspects of women's lives, but such research needs to be anchored in the relevant social, economic and political events of the times.
- Historical and anthropological research can both provide a cross-cultural perspective as well as valuable information about the plasticity of the human aging experience.

- Network analyses, or the examination of the interpersonal connections between older women and their kin, friends, community and society, are needed to understand both the social lives of older women and the support available to them.

2. Health and Illness of Older Women

Health is a serious concern of older women and health issues needing further investigation include:

- Osteoporosis, a critical disease of concern to elderly women.
- Treatable loss of vision, hearing, mobility, and levels of nutrition.
- Risks and benefits of postmenopausal estrogen use among older women.
- Maintenance of health of the reproductive system and urinary tract in older women.
- Prevention, early detection and treatment of all types of cancer.
- Cryptogenic drop attacks, which contribute to the rate of bone fractures.
- Stress incontinence, an embarrassing and distressing condition in many older women.

Physical illness and symptoms interact with psychosocial conditions such as loneliness and isolation of older women. Thus

research is needed to further understand:

- The effects on physical and mental health of interacting biological, psychological and social factors.
- The extent to which existing conditions are treatable.
- Epidemiological information about the prevalence in older women of pseudodementia, treatable brain syndrome, alcoholism, and medication use and abuse.
- Baseline data on the intellectual, emotional and social functioning of women for longitudinal comparison with impaired functioning.
- Treatment methods for mental disorders in older people. Such research should be sensitive to the heterogeneous conditions and needs of all the subpopulations of women.

Although physical and mental health problems seriously concern some older women, many are physically well, and many do not have psychological problems. Research has shown that good physical and mental health are related to an adequate income, a sense of connectedness to other people and to society, and to intimate personal relations.

- Sex and intimacy are vital to a sense of well-being among the elderly, yet there is a paucity of research on the topic. Longitudinal studies of the sexual histories of women, including the range of sexual experiences, are needed.

- o Reliable data on depression among men and women over 65 are scarce.
- o Longitudinal, multidisciplinary diagnostic studies of depressed elderly are essential.
- o Assessment instruments should be adapted to take into account the living and social arrangements of the elderly.
- o Community studies are needed to determine the epidemiology of physical and psychiatric disorders among people not seen in treatment.

People over the age of 60 are generally excluded from research on psychopharmacologic and psychotherapeutic interventions.

- o There is a lack of information concerning the efficacy of medication, optimal treatment schedules, and drug interactions among elderly patients.

3. Services and Institutionalization

Illness is but one of the factors precipitating the institutionalization of older women; at least as important is the availability of a support system. Assessments are needed of the kinds of personal and social supports which would give older women the option to remain in the home and maintain their autonomy, while still receiving the care they need. Studies have shown that when institutionalization is necessary, women adjust more readily than men.

Concern for cost containment will become more important in the coming years, thus making monitoring for quality assurance even more essential.

- o The delivery of medical, psychological and social services, and the coordination and evaluation of these services are all areas in which current research is limited. As a first step, the use of health care services should be monitored according to sex, age and race to determine use differentials.
- o Factors leading to or deterring institutionalization need further investigation.
- o Research is needed on the complex organizational factors, financing mechanisms and decision making that affect treatment both in and out of institutional settings.
- o Important areas of research include the impact of improvements in medical technology and the increased use of health personnel including physician extenders, assistants and associates.

4. Family and Family Relationships

In spite of the increase in social service programs, the family continues to be the institution that takes ultimate responsibility for the care of the young and the old.

- o Too little research has focused on family transitional states. Transition from child care responsibilities, into and out of the labor force, adjustment to widowhood,

divorce, and retirement all need further study, as does the role of personal support networks (family, friends and community) in easing the strain of these transitions.

Research has shown that children are the most important source of personal assistance to older women.

- o As more women enter the labor force, it will be important to know the impact on the family support systems of the aged.
- o Women now in their seventies were the cohorts with the lowest fertility in history; about a fourth of these women have no surviving children. It is therefore important to examine the personal supports used by childless women in their old age.
- o A crucial question is how support systems can be developed for people who are isolated, for any reason, from natural networks.

Grandmothers are a little-studied population. With increased longevity, many women can expect to be grandmothers for 30 or 40 years.

- o We know little about their relationships with grandchildren. We need to know what older women offer and receive from relationships with their grandchildren.

5. Labor Force Participation, Retirement, Economics and Housing

While the family is a system, it is not a system unto itself. The family is deeply enmeshed in the social, political and economic

conditions of the times. One of the most persistent links between the family and the kinds of jobs people have is through the labor force. Recent research has shown that the kinds of jobs people have affect adult personality development.

- o More research is needed on the consequences of labor force participation or nonparticipation on women's adult development.

Psychological well-being and economic well-being are closely related, and most older women living alone are poor. Those who still live with husbands are less apt to be poor; those who never married are more apt to be poor. Numerous research questions arise from these demographic facts, many of them related to the potential labor force participation of older women.

- o There is a need to develop more detailed measures of work experience beyond mere participation-nonparticipation.

Social Security benefits for the elderly are crucial, yet this and other pension plans are inadequate to meet the economic needs of many elderly women.

- o The need for cost-benefit analyses of proposed revisions of the Social Security system was a major concern of conferees. As yet there has been little research on how inflation and recession impact on older women in varying economic circumstances.

- o Although women now over 70 did not in general have a long history of labor force participation, the effects of retirement on those who did work have been inadequately studied. As more women enter and remain in the labor force, such studies will become more crucial.
- o Researchers need to develop concepts other than the loss model for studying the effects of retirement.

Too little is known about the timing and sequence of moves made by older women or about the economic consequences of such moves. The effects of the decision to sell a house, to move to public housing, to an apartment, to a group home or nursing home all have social and economic implications about which little is known.

- o Research is needed on the housing conditions of older women and on the economics of housing.

## III. WOMEN OVER 70: KEY DEMOGRAPHIC ISSUES

The conference focus was on the woman now in her seventies, who was born before 1908. Such a woman grew up in a home that very likely did not have a telephone, vacuum cleaner or automobile. World War I and the Woman's Suffrage Movement were important events in her childhood. A woman of this cohort came of age during the flapper era of the late 1920's. The chances are good that she did not finish high school but worked for a few years prior to her

marriage as a seamstress, salesclerk or typist. If she married, the man was apt to be several years older; they probably had two children. Widespread unemployment during the economic depression of the 1930's, the development of labor unions, and World War II were important events in her adult years. Some of these women were widowed before they were old enough to be eligible for their husband's Social Security and had to seek paid employment with little in the way of work experience. All but a few of these women are now retired and receiving Social Security benefits under their husband's coverage. With less than a high school education, many of these women must now cope with complex bureaucratic procedures in order to obtain such benefits as Medicare and Social Security and to deal with Federal and State tax returns.

The demographic characteristics important to women are not always important to demographers or to those who determine social policy. The single most important demographic fact for women is that the aging society is a female society. The probability of women reaching extreme old age is now much higher than it is for men. The reasons for the difference in male/female life expectancy--a key research question--are not known, however the difference generally is greater in more developed countries and in countries where more women are in the paid labor force. The older woman's life, including her family and social relationships and her income, all are profoundly affected by the differences in male/female life

expectancy. Nearly two-thirds of women over age 65 are widows. The likelihood of older widows and divorced women remarrying is not great, and decreases with each year of age; thus at older ages there are increasing numbers of unmarried women.

Although the financial position of older women living alone has improved greatly in recent years, it is still a fact that about half have an income of $3000 a year or less. Among elderly black women living alone, half have an income of $2000 or less. Most women 70 or over had neither high labor force participation nor continuous work histories, and when they did work, very few had high earnings or the opportunity to develop significant capital.

Furthermore, women now in their seventies had the lowest fertility of any cohort of women in the United States. About 22 percent never gave birth to a child, 23 percent had only one child and 22 percent had two children. The result of this fertility record is that probably about a fourth of women now over 70 have no living children. About 29 percent of black women born in the early 1900's never gave birth at all. When women of this cohort, both black and white, would have been having children, the Great Depression of the 1930's occurred. By the time World War II ended, and the men returned from war, these women were too old for childbearing.

Thus, the critical demographic facts are that these older women can expect to live the last years of their lives without a husband, on limited income, and with few if any children to provide financial, emotional or social support. These are crucial elements for consideration not only by researchers but by those responsible for social policy development.

On the other hand, women now entering their fifties are strikingly different from those now entering their seventies. The 50-year-olds are better educated, many have spent a considerable number of years in the labor force, and they had the highest fertility rates ever recorded in this country. When these women reach age 70, many will receive earned pensions. They are, however, even more likely than women presently in their seventies to live without husbands because of the increased divorce rate and the increasing difference in male/female life expectancy.

Little of the demographic data collected by government agencies is helpful in understanding the lives of older women. Federal data-gathering emphasizes women's fertility behavior and child rearing even though childbearing occupies only a fraction of their life span. Relatively little attention is given to other aspects of their lives--whether the children lived, remained in touch with their parents, or died; whether work was continuous and led to pensions or was intermittent and unprotected; whether earnings

varied, whether alimony, child support, or other benefits were paid after a divorce.

IV. DIVERSITIES AMONG OLDER WOMEN: CULTURAL, RACIAL AND SOCIO-ECONOMIC

Older women are a diverse group and studies should reflect this fact. Research presenting only aggregate data masks individual as well as racial, ethnic, geographic, economic and educational differences. Older women, perhaps more than other individuals, have been stereotyped, often in a negative way. The 70-year-old physician is not differentiated from the 70-year-old seamstress, nor the healthy, well-functioning older woman from the handicapped and dependent one. There is the need to distinguish among those 65 and over: there are the young old, the middle old, and the old old. Born at different times, they have had different life experiences. Such distinctions are necessary for developing policies and programs.

Multigenerational studies have indicated that there are many changes in attitudes, values and behavior across generations, but there are also some continuities within families. For example, one study showed that a grandmother with high cognitive complexity tended to have daughters and grandaughters who were more cognitively complex than others of her generation. More research is needed on individual similarities and differences within generations and within families.

Adulthood and aging have been neglected areas in cross-cultural and subcultural research. Within the United States, it is known that

racial differences in the aging process, and the characteristics and lifestyles of persons of different races are great, but again, these differences are obscured by aggregate data. It is known that mortality and morbidity are greater among some minority groups and lower among others, but because of the relatively small proportions of some groups, such as Asians and Native Americans, the differences are lost.

Some first-generation women from ethnic minority groups face additional problems because they lack familiarity with American resources and fear government agencies. Those women from countries with repressive governments may be reluctant to seek the help of public social services. Some are unaware of such services and/or do not speak the language well enough to seek out and utilize them. Studies have shown that in some ethnic cultures, women depend primarily on the family and the neighborhood for support. Such women are apt to know little about the programs, regulations and services of the larger community and society.

Little is known about the special needs of the minority elderly, and few training programs exist for personnel who provide services for older minority women. By and large, women in general, but particularly minority women, have not been included in resource planning. Women of different cultural backgrounds need to be involved at all stages of program planning. They are a valuable source of information about community attitudes, resources and needs. While minority

communities often are reluctant to be the objects of research, they are often eager to participate fully in planning and conducting research.

Recent research developments in the social sciences stressing the life-stage perspective are often flawed by the notion that there are age-specific sequential stages through which all adults must pass. This view does not take into account differences of class, culture and gender. The timing of the life course varies greatly depending on several factors: economic position; level of education; number of children; and extent of labor force participation.

Differences in social class are especially salient in the study of women's work experiences and histories. Working-class women who marry usually do so at a younger age than middle-class women, and they may complete childbearing earlier. Because of financial necessity, working-class women are more likely than middle-class women to have worked continuously. Even though they may be employed in relatively unskilled jobs, the employment provides them with a sense of self and a feeling of competence, as well as with income. Middle-class women, especially those who are college educated, may have a more difficult time justifying their desire to return to work when their children are no longer totally dependent. College-educated women who have been out of the labor market for many years report that they have difficulty finding employment in keeping with their education, their expectations, and their social position,

which is based on their husband's occupation or income. A long absence from the labor market erodes the confidence of women of all social classes. Gaps in employment also reduce employability. The increasing divorce rate means that an ever-growing number of older women must find employment. Divorced middle-class women may have greater difficulty than working-class women finding employment commensurate with their social expectations. They may also have more difficulty learning to live on a reduced income in the later years of life. In contrast, because many working-class women who stopped working during childbearing years return to the labor market at younger ages, their adaptation to old age may be less financially and emotionally stressful. Economic problems are different at each stage of life and require different methods of coping. Research is needed on all of these issues.

## V. METHODS AND APPROACHES TO THE STUDY OF OLDER WOMEN

Because conference participants came from different social science disciplines, a variety of approaches to the study of old age were presented. The major approaches discussed were large-scale surveys; the historical approach; generational, longitudinal, and life-cycle studies; network analysis; and cross-cultural studies. These approaches may involve different assumptions and can result in different findings; the conference participants therefore stressed the need for a comprehensive assessment of old age through a number of approaches.

1. Surveys

Large-scale surveys provide an overview of demographic variables, of physical and mental health status, as well as economic, housing, and transportation needs. Such data form an important base for social policy and planning. However, as mentioned previously, survey data often mask differences related to age, race, social class and subcultural groups. Further, intensive in-depth interviews with fewer people have at times resulted in different findings from more massive surveys. Conference participants stressed the need to use intensive interviewing along with broad-scale surveys to gain an understanding of underlying processes and to put survey findings into a broader contextual framework.

2. Life-Cycle Perspective

Recent best-selling books have portrayed life as a staircase on which people reach each stage or landing at the same time in their lives. Actually, the timing and even the occurrence of these stages vary according to the individual, and his or her gender, culture and class. Historical research and cohort analysis reveal the limitation of this "life stage" approach and make clear, for example, that one cannot report accurately on "women in their seventies," but rather on women who currently are 70. Women now in their forties will have very different characteristics when they are 70 from women now in that age group. Lower income women who marry and have children earlier will experience life stages at different times than middle-

income women. Women who never had children have received relatively little research attention. Thus there is a dearth of information about the effects of childlessness on life-stage progression, personality development, sexual histories, and support networks available to childless women.

3. Historical and Generational

A widespread belief in this society is that the influences of family upbringing are pervasive throughout the life cycle. A contrasting view is epitomized by the proverb which states, "A man resembles his times more than his father." These two sets of beliefs lead to different research paradigms. The oldest traditional approach to the study of social change is the generational approach. Such studies usually have been conducted without reference to the social, political and economic events of the times.

A second approach, the analysis of age groups in the context of historical time, provides a far more precise way of examining cultural stability and change. Historical research, like anthropological research, provides a comparative cross-cultural perspective in which the same culture is examined over time, as well as within a specific time period. Longitudinal research, which covers several generations, is needed. Oral histories, used with caution and appropriate controls, can reveal how members of an age cohort perceive their lives through time. The researcher can switch back and forth

between past and present in a way not possible with conventional tional survey analysis. By using methods from anthropology, history, sociology and psychology, the researcher can provide information not merely on structural changes, but also on changes in how older people perceive their lives.

The analysis of demographic data over time has revealed a trend toward reducing the span of years in which women give birth. The increase in life expectancy often has extended the duration of family ties and the overlap of adulthood among generations. The parent-child bond may last 50 years or more; the grandparent-grandchild bond 30 years or more. There is a need to know more about how three generations of adult women relate to one another, about the expectations they have of one another, and the support they provide one another.

Historical research can also provide more accurate information about life conditions and how they change. For example, such research has shown that solitary residence for elderly women is a recent phenomenon. In fact, solitary residence, for either men or women, was hardly known in the past and in colonial times was prohibited by law.

The concept of the "empty nest" is also a recent phenomenon. The ideal of full-time motherhood, which emerged in the middle of the 19th century, was an experience of a small minority of Americans, namely the urban, affluent middle class. But this particular group

disseminated its values and gradually influenced successive waves of immigrants and working-class families to adopt this notion of domesticity and full-time motherhood. The role segregation accepted during the first half of the 20th century--the man working outside the home and the woman raising the children--is a very recent phenomenon.

Even after the Industrial Revolution, the family was an economic unit, similar to a corporation. The roles of husband, wife and children were not completely segregated from one another, nor were "family time" and "work time" separate. Throughout the life course, women's work in producing food and garments, on farms and in family businesses, in caring for the dependent young and old, and in managing life crises made their economic contribution to the family both vital and valued.

Widespread social services for the elderly are also a relatively recent phenomena. When institutionalized social services were first initiated, many families saw these services as an interference with their privacy and autonomy. To accept such services also implied dependency and even disgrace. Then too, when first introduced, most social services were directed toward immigrants. It was only during the Depression of the 1930's that more people began to realize the difficulty of maintaining total individual independence, and that such services became more acceptable. Even now, social services are directed disproportionally to low-income and minority families.

One current longitudinal study is examining the impact of the Great Depression of the 1930's on children and their parents. Through a combination of generational and historical approaches, differences among age cohorts, social strata and the sexes are examined. Preliminary research on the aging parents suggests that the responses of aged persons to stress, illness, deep grief or financial strain depend largely on earlier life experiences. The Depression exposed women to a class of life problems that bear resemblance to problems experienced in old age. Though economic deprivation proved to be overwhelming to some, other women largely escaped the experience, and some others managed quite successfully even in the face of prolonged deprivation. The working class was most affected by the Depression, and the health of working class women suffered the negative effects of deprivation. The impact of the Depression also varied according to the knowledge and problem-solving skills women brought to the new situation. Middle-class women in the 1930's tended to have a greater range of adaptive resources, and they experienced more moderate economic hardship.

4. Network Analysis

Everyone is part of a social network that connects to kin, friends, neighbors, acquaintances and the community at large. A person's network or web of affiliation expands from people known intimately to those known more casually; from people with whom there are direct connections to those with whom there are indirect

connections. Networks are important in all phases of life: finding educational opportunities, jobs, housing, and providing a helping hand, companionship and emotional support. An informal network is a resource, like money in the bank, but it also entails obligations which require giving as well as receiving emotional support, advice and assistance.

Analysis of social networks focuses on examining interpersonal connections between people; not on structural variables, personalities or life histories. In recent years the method has been used to seek an understanding of social conditions, problems and behavior. The analysis of the social networks of older women is a tool by which the realities of their lives and their needs can be examined. Methodological refinements are needed before network analysis can be considered a truly rigorous tool. The problems relating to self-report validity must be confronted directly and suitable controls instituted by gathering data from the varying perceptions of exchanges and transactions.

5. Cross-Cultural

Theories of adult psychosocial behavior have been developed without examining such behavior in other societies. There is a need to develop transcultural categories for describing the continuities and discontinuities of adult life, such as "career paths," "the convoy of social support," "the theory of oneself." Study of societal similarities and differences, of universal phenomena such

as preparation for parenthood, sexual histories, the role of grandparents, views of aging, widowhood, disability and death all would contribute to a broader understanding of the life course. For example, in Third World societies where many individuals may well experience the death of several children and spouses, some evidence indicates that bereavement is not lessened by being frequent and expected. Such comparative data can provide valuable clinical insights into the plasticity of the human aging experience.

VI. TOPIC AREAS

1. Physical Health of Older Women

While health is a primary concern of the elderly, illness and old age are not synonymous. Data from national surveys indicate that the majority of the elderly in the United States see themselves as well, not sick. Over half of those over the age of 80 who are living in the community report that their health is good. In assessing their health status, the elderly compare themselves not with all people, but with their age cohorts, with those who are institutionalized and those who have died. There is a high correlation between the negative evaluation of health status and the degree to which an elderly person feels lonely, alienated or friendless.

Older women share many general medical concerns and specific health problems of the older population. Among the general concerns are: availability of good medical and nursing care, appropriate use of medication, good nutrition, exercise, safety, and the interaction

of physical and mental health. Specific types of health problems common to older persons of both sexes include: skin conditions, senile dementia, stroke, visual impairment, hearing loss, dental disease, heart disease, hypertension, lung disease, digestive disorders (including constipation), osteoporosis, arthritis, foot problems, diabetes, cancer, and infection.

Several of these problems are more common in older women than in older men. Osteoporosis--a condition in which the bones become thin and brittle, making fractures of the hip and vertebrae likely to occur--affects about three to five times as many women as men. Stroke, visual impairment, hypertension, arthritis, diabetes, and perhaps senile dementia also are more common among older women. In addition, the cosmetic aspects of aging skin appear to be of special concern to this group.

Several other health problems are specific to or predominant in older women. Changes in the reproductive system--including vulvar and vaginal changes that can predispose to infection and cause pain and bleeding during sexual intercourse--are of special concern. Urinary tract infections and stress incontinence are common sources of discomfort and embarrassment.

Postmenopausal estrogen use poses a major dilemma. Estrogens relieve vasomotor instability (as manifested by hot flashes) and alleviate vaginal changes that sometimes produce painful intercourse;

recent research suggests that they also help to prevent or arrest osteoporosis. However, estrogens do not, as once hoped, appear to aid in maintaining youthful skin and breasts. It is not clear whether they are effective in treating depression. Furthermore, several recent studies strongly imply that postmenopausal estrogen use increases the risk of endometrial cancer. Whether use of this substance affects the probability of developing breast cancer or cardiovascular disease remains uncertain. An effort to evaluate the risks and benefits of postmenopausal estrogen use is now in progress.

Various types of cancer are of special concern to older women. Cancers of the breast and reproductive system remain risks throughout life. Paralleling the increased popularity of cigarette smoking among the female population, women's death rates from lung cancer have increased 400 percent in the last 30 years. If present trends continue, this disease will become the leading cause of cancer deaths in women sometime during the 1980's. Clearly, many aspects of health and illness in older women demand attention and research.

2. Mental Health of Older Women

Perhaps the key factor in understanding health and mental health issues in later life is the profound interplay of biomedical, psychological and social factors affecting health and illness in the elderly. The older woman is far more likely than the older man to live alone. This isolation often makes both the diagnosis and the treatment of physical and mental illness more difficult in older women. Many

women may be diagnosed as suffering from senile dementia when in fact they are lonely, isolated and depressed. Loss of vision and/or hearing, common health problems of the aged, may increase isolation from family and community, and lead to misunderstandings and misdiagnoses. In any illness, a range of symptoms and behaviors may emerge that have no apparent connection to the underlying disorder. With the older patient this fact is often overlooked, along with clinical interrelationships between the biological, psychological and social factors affecting health and mental health status. There are many unanswered epidemiological questions concerning the aged population including those related to the prevalence of pseudodementia, treatable brain syndrome, excess drug use, alcoholism, and depression.

A. A Sense of Well-Being: Sex and Intimacy

Recent research has shown that people of all ages derive a sense of well-being from their perceptions of connectedness to other people, to the community and the society. Affectional needs continue throughout life. It is known that sexual expression is a part of affectional life at younger ages, but relatively little is known about affectional relationships, including sexual expression, in the later years. Until recently, the popular view was that only young people experience sexual motivation. The research literature on sexuality of persons over the age of 70 is sparse, and much of what exists relates to men and deals with sexual capacity and/or the advisability of a male engaging in sexual activity after a heart attack.

The concept of sexuality was defined at the conference as the capacity to experience pleasure through intimate physical contact. Sexuality was not seen as synonymous with sexual release. With such a definition, the lack of availability of sexual partners of the conventional, social kind is not necessarily a limitation to sexual experience and affectional ties. It was pointed out that in a society which idealizes youthful bodies, some older women may have such negative feelings about their own bodies that they reject the possibility of exploring new affectional and sexual outlets. Thus, some older women may fail to achieve the sense of affirmation that accompanies expressions of intimacy.

Research on sexuality has been limited both by the acceptance of the dominant "sexual script" which portrays women as heterosexual, monogamous, permanently married and as passive participants in sexual activity, and by the reluctance of researchers to query both children and the elderly about their expressions of sexuality. It is important now to initiate longitudinal studies of the sexual histories of women which will include the full range of sexual experience.

B. Depression

Because depression often is preceded by loss, grief and mourning, and because more women than men are widowed, it has generally been assumed that depression is more common among older women than older men. In spite of the gaps in existing research data, there is now some evidence that this may not be the case. In the past, reliable

data on depression among the elderly have been scarce because of problems with diagnosis and assessment instruments, and because the age group over 65 often has been excluded from samples of persons treated for depressions. New developments in the study of physician diagnosis give hope that new research can yield better data on elderly women (and men) than in the past.

A comparison of diagnostic practice in the United States and United Kingdom has indicated a tendency in both countries to under-diagnose organic disorders. Recent scientific advances include an understanding of cross-national differences in the diagnosis of depression, and improvements in diagnostic reliability and validity. A mental health status interview suitable for use with the elderly cross-nationally has been developed recently. Further attention needs to be given to differentiating mood disturbance from reactions associated with physical illness, and to differentiating between depression and early senile deterioration. Longitudinal, multi-disciplinary, diagnostic studies of elderly populations are needed, the findings of which can be validated by autopsy.

Community studies are important in determining the epidemiology of psychiatric disorders among people who may not be seen in treatment. One recent community study based on a local sample found that the rate of depression is higher for women than for men up to age 55. After age 55 the rates for both sexes are equal; for the 65- to 75-year-old age group, the current rate of depression is ten per hundred. Depression,

therefore, does not seem to increase in women in the older age groups, but it does increase for men. However, this finding may be a sampling artifact, since many institutionalized elderly women are not included in community surveys. To determine true incidence and prevalence, future epidemiologic studies need to include samples from hospitals and nursing homes as well as from the community. These studies should be longitudinal in design, with special attention paid to accompanying medical and neurological problems. Further research is needed on variations in rates of depressed mood as well as on clinical depression of the elderly in different living arrangements and in different communities.

Recent developments in psychiatry also have resulted in improved treatment of depression, including psychopharmacologic and psychotherapeutic interventions. However, the cutoff age for comparative studies of these therapies is generally age 60, and often even age 50. One reason for this limitation is that the accompanying medical problems common in older patients require close monitoring of side effects. Therefore, many questions remain: is pharmacotherapy equally effective in the acute and chronic treatment of the depressed elderly? Do older people require different dose schedules, as has been suggested? Why are the depressed elderly less frequently offered psychotherapy? Is there any evidence that psychotherapy is less effective for older people? What about the role of self-help and support groups? Certainly the loss of social supports through

death, changes in roles and living arrangments, would seem to make psychotherapy extremely important in this group. Family genetic studies need to be reviewed for cohort effects.

3. Delivery of Health Services; Institutionalization

Even though most elderly persons see themselves as well, not sick, the rate at which elderly persons visit physicians is greater than the rate for the general population. The annual number of per person visits was 4.9 in 1974 for all age groups; for those over 75 it was 6.5. Nevertheless, examination of population trends as well as age and sex differentials in health care utilization does not seem to warrant projections of major increases in the share of physician services used by the aged. Although the amount of money spent on health care escalated dramatically between 1950-1974, only slightly over 5 percent of the total increase can be attributed to population growth. Inflation and increased use account for the remainder of the increase. The major specific items of increase are hospital and nursing home care.

Whether legislation for a National Health Insurance Program is passed within the near future, continued monitoring of sex, age and racial differentials in health care utilization is essential to develop appropriate national policies. Of particular concern will be an assessment of the supports that increase the use of outpatient care services and decrease the use of inpatient facilities.

Home-care programs, such as visiting nurse, mutual help groups, or congregate living arrangements, might enable the older woman to remain at home and maintain autonomy while at the same time contain health care costs. Research is needed on how to coordinate mental health services with other health and social services. Attention should be paid to the special populations of older women: the racial minorities, women in rural communities, the poor, and those with no personal support networks.

Women comprise the vast majority of the institutionalized aged partly because they comprise the majority of the aged. Illness is but one precipitating factor in the institutionalization of older women; at least as important is the lack of a support system. Studies consistently have shown that given appropriate services, some elderly people who are ill can manage successfully at home. When they must be put into a nursing care facility, women seem able to cope well with the stresses of institutionalization. Studies have shown that women adjust more readily to institutional life than do men. It has been suggested that nursing home staff respond differently to men than to women, an observation which could be investigated. Aside from the differences between men and women in illness and institutionalization, it would also be productive to examine differences in the ways in which men and women cope with a given disease or disability. Differential responses to pain, to living with a disability, and to anticipating death are researchable

issues which have important implications for developing sex-appropriate approaches to rehabilitation.

Concerns for cost control will lead to a wider use of facilities less expensive than hospitals. Quality assurance, impact on the individual patient and costs all need careful evaluation. The effects of organizational factors, financing and decision-making on nursing home utilization, length of stay, and costs should be analyzed. The impact of improvements in medical care technology and cost efficiency of health care delivery also must be assessed. As Health Maintenance Organizations become more widespread, research will be needed to assess the costs as well as the quality of such care.

The number of physician extenders, assistants and associates, and nurse practitioners may increase in an effort to improve health care delivery in rural and low income areas. Research will be needed to evaluate the most effective use of these personnel while stabilizing the demand and the costs of physician services. The increase of such personnel creates a need for investigation of their most effective use, mechanisms for financing and payment, requirements for licensure, scope of responsibility, malpractice insurance, as well as their relationship to both physicians and patients.

The need to train more professional and paraprofessional personnel, to develop experimental training programs and to evaluate all training programs was stressed.

4. The Family and Social Systems of Older Women

While the diversities among women were stressed, it was agreed, nonetheless, that most American women marry, have children, live to see their children grow and leave home, become grandmothers, are divorced or widowed and live alone on limited incomes during the last years of their lives. Discussion of these latter stages of the "empty nest," widowhood and the adjustment to old age arose throughout the conference.

While transition into parenthood is broadly specified as an important phase of life, less attention has been paid to the equally critical transition out of child care. Recent research has thrown open to question the validity of the concept that "the empty nest" years are unhappy ones for women, thus transition out of parenthood is still a phase of life needing research.

One of the most stressful life events encountered by most women who marry is widowhood. The loss of the marriage partner has great psychosocial impact and it invariably results in grief. While the grief response is inevitable, there is great individual variability among widows in the duration of grieving, and in how they cope with the psychological and economic effects of widowhood. Serious physical illnesses are more frequent among the bereaved; general malaise, including dizziness and fainting, is even more common. Mortality rates are higher among the recently widowed. Social difficulties,

including loneliness and isolation, are common after the death of a spouse.

Widowhood has been studied using different approaches: large-scale surveys, small studies with intensive interviews, network analysis, transactional approach. One study found that wives who are immersed in a close-knit, sex-segregated world of kin, neighbors and friends, experience less disruption following widowhood than do women immersed in a couples-only network or those engaged in both couples and same-sex networks. A survey of the support systems of Chicago-area widows found that many of the widows, particularly the older ones, are very limited in the number of people they can turn to for support, in the activities in which they engage, and in their use of societal resources. People outside of the family-friendship network seldom appear in the support networks of these widows. Clergymen are not part of the widow's current supports, nor were clergymen usually present at the time of the husband's illness and death, or when the widow was trying to develop a new life.

Popular belief has it, and some research has confirmed, that women find the adjustment to loss of the spouse less stressful than do men. Because men and women often are immersed in very different social settings throughout life, they have different opportunities to form and sustain social relations. The socialization of women may allow for more intimate, affectional, interpersonal

behavior, and women are the managers of family relations. This has led to the expectation that older women would have greater access to intimate and affectionate bonds in old age. Recent research using network analysis has lent support for this expectation, and has found also that older women socialize with friends, but obtain most services from children and neighbors. Children are most important both for personal exchanges and for access to other services. More extensive study is required to validate these findings.

Contrary to the myth of older women being abandoned by their children, many older women's emotional relationships to their children have been found to be highly significant and lasting. One national study found that 54 percent of noninstitutionalized American women over 65 had seen their children on the preceding day. Seventy-nine percent of these old people had seen a child within the previous week. The very old, those over 80, were more likely to see their children than those in the younger age groups. This is explained by the fact that when women become very old, they tend to move in with children or to an apartment or nursing home near one of their children. Again, contrary to the public notion of high mobility and wide dispersion of families, in 1975 half of all women over age 65 who had surviving children lived within 10 minutes or less driving distance of one child. There is a need for more information about both the quality and the consistency of the relationships between elderly women and their children.

Because children have been found to be such an important part of the support system of older women, research is needed to specify the personal supports childless persons use. This is of special importance because, as noted previously, nearly a fourth of all women now turning 70 have no surviving children, and because several studies have indicated that support comes from the immediate rather than the extended family.

It is important to continue mapping out support structure and dynamics over time, and to examine variations among healthy and ill, working and nonworking and married, widowed and never married women; among those with and without living children; and among all social classes, racial and ethnic groups. It is also important to explore variations between men and women in the size and the diversity of social networks, and the extent to which networks remain stable throughout life.

Decisions made at earlier stages in life may affect old age. We do not now know the extent to which social networks of friends and neighbors or of acquaintances made through church, work and other organizations continue into our later years. Can this network be organized to substitute for kinship support? The impact on older persons of geographic mobility or of changing neighborhoods is relatively unknown, although these factors affect social relationships. Even the most basic question of whether older women with large networks are happier or less lonely than those with smaller social worlds is not known.

There are also individual differences in the willingness of people to seek and accept help from persons in their networks. We should investigate how women learn to ask for the supports they need as well as how they obtain needed services. Under what circumstances do they utilize personal supports or private or public agencies? How can social agencies work with, rather than replace, personal supports? A crucial question is how informal supportive networks can be developed for persons who are isolated from such natural networks.

There is some research on widowhood to indicate that there is a time when personal networks fail, when married friends and children go back to their daily lives, and the widow is left alone to deal with her problems. We need to know more about the timing and the process of such events in widowhood, and whether such efforts as the Widow-to-Widow program are effective. While many such crisis intervention efforts have developed within the last decade, most are short-lived. Research is needed to illuminate why some mutual-help groups such as Alcoholics Anonymous have continued over the years and others have not.

Further research is needed on the reciprocal aspects of older women's networks--their kin, friends and neighbors. It is generally accepted, and confirmed by research, that women are the "kin-keepers." We need to know both the costs and the advantages to women of maintaining these relations through the maternal line. As life

expectancy extends, many women find themselves simultaneously responsible for their parents and their own children. For the large number of young people born in the postwar baby boom, the job market is constricted. Because of the Depression of the 1930's, many of their grandparents face an economically unstable old age. The generation in the middle is caught in a squeeze between the economic needs of their elderly parents and of their young adult children. In addition, because of longevity differences, many women find themselves responsible for an ailing husband and an ailing mother at the same time. Research is also needed on the impact of these multiple responsibilities on women who are married or unmarried, on those who work outside of the home or are full-time homemakers as well as on women of all social classes and ethnic groups.

The joys of grandparenting are extolled in the media, but little research has been directed to this relationship. Given the increased life expectancies, many women can expect to see their grandchildren become middle-aged. We need to know what women give as well as receive in the role of grandmother.

5. Family and Work: Relationships Between the Two: Their Impact on Old Age

Most life experiences of ordinary people revolve around work and family. These experiences break down into: what men do in paid work, what men do in the family, what women do in paid work and what women do in the family.

In recent years more women have been assuming dual roles in the home and marketplace. Women have increased time spent in paid work and somewhat decreased time spent in family roles, although not enough to compensate for the increase in paid work time. The allocation of men's time to work and family roles, on the other hand, has remained relatively constant. It appears that as women's labor force participation increases, there is a net transfer of labor away from men and toward women. Many women are under considerable stress resulting from these dual roles.

Recent research has shown how, with control for self-selection in jobs, the kinds of jobs that people hold affect adult personality development. For example, the fact that men have more and different kinds of work experience than women has important implications for their adult personality development. Research is needed on the effects on women's personalities of new and increased work experience.

Traditionally, women have been the caretakers of the elderly. As more of these women enter the labor market, the question arises as to what impact this has on the informal social support system of the aged. Alternatively, it may be asked what impact taking care of an older parent has on the labor force participation of young and middle-aged persons.

6. Economic Factors, Labor Force Participation and Retirement

Numerous research studies have established that psychological well-being is closely related to economic well-being. Half of

all older women living alone have an income of $3,000 a year or less. Age and marital status interact to affect income; among the elderly, more married women have access to earned income than the nonmarried. In 1971, 41 percent of elderly married women, as opposed to 20 percent of the nonmarried, had access to earnings. For those over age 73 the difference was 25 percent as compared to 8 percent. Similar differences exist for other income sources such as private pensions; thus it is understandable that almost twice as many elderly unmarried women receive public assistance as elderly married women.

Only a very small proportion, 5 percent, of women over the age of 70 are in the labor force. The potential impact on labor force participation of recently enacted legislation raising the compulsory retirement age is not known. A key issue is whether the inducements to continue working should be in the form of changes in Social Security benefits or in increased opportunities to work. It is simply not known whether elderly women with adequate incomes would prefer to work or to be retired and engage in other activities. Motivation to labor market attachment undoubtedly varies among individuals, depending not only on job availability and economic status, but also on health, skills, work interest, earnings record and even such things as available transportation.

Recent research findings indicate that in many occupations, chronological age alone is a poor predictor of work performance;

skill, commitment and judgment are all very high for older persons, including older women. Research information is needed on the relationship of job performance to age in different occupations as well as on the interplay of motivational, health and other factors indicated above.

Today, a majority of married women participate in the labor force. Variations in labor force experience must be expected to make a significant impact on women's old age, their social relations, internal family life and psychological health as well as on their economic status.

Because of this shift in women's work roles, more detailed behavioral measures of work experience, other than mere participation/non-participation are needed, measures which will include the impact on family relations and social life, daily time budgets and network analyses. Such behavioral measures would provide more sensitive and more revealing perspectives than does existing social gerontological literature. Research needs to be conducted on the relationship between women's work histories and the quality of women's lives. A major focus should be the extent to which women's work experiences over the life cycle (including never working for pay) influence their social networks, their emotional and physical health, and their economic security.

New research needs to be conducted on the pattern of work and family attachments over the life cycle, particularly the

decision-making underlying shifts in and out of the labor market; and on the social and structural characteristics of the workplace, in order to understand their impact on work histories as well as individual life cycle behaviors. Three features of the workplace are relevant: the opportunities within the firm for advancement, job security and authority; the magnitude of the sex differential in wages earned by workers in the same job in the same firm; and the degree of cohesion among same-sex workers. Each of these structural characteristics may influence women's commitment to work as well as their social networks while on the job and after they have left it.

The crucial importance of Social Security benefits for the well-being of the elderly cannot be overstated. Social Security benefits are now paid to nearly 95 percent of the aged. Because of changes in marital patterns and women's roles, provisions relating to eligibility and benefit computation for women have increasingly come under question. Only 37 percent of women applying for Social Security benefits based on their own earnings had continuous earnings records since 1937. Women were three times as likely as men to receive the minimum primary Social Security benefits. Even when women achieve longer and more continuous earnings records, many will continue to obtain larger benefits based on husband's earnings than on their own.

The disparity in coverage by private pensions is even greater. Only 21 percent of retired women as compared to 47 percent of retired men are covered by private pensions. This difference is explained by the fact that private pension plans often do not extend to the jobs in which women work. Private pension plans often do not have survivor benefits so that many women benefit very little from their husband's private pension plans.

There is a serious gap in information regarding income maintenance for older women. A theoretical system is needed to set forth expectations with respect to demography, women's roles and family patterns; it should describe available economic supports and pinpoint and evaluate potential programmatic changes.

On the social policy side, the conferees pointed out the need for immediate exploration of issues and evaluation of amendments relating to women's Social Security retirement income. Several alternative approaches have been suggested for adjusting the Social Security differentials: one is to give a credit for unpaid household tasks; a second is to have a split of income between husband and wife appropriately credited to both; the third is to drop the concept of dependency and pay benefits only to those who have had sufficient earned income coverage. The cost/ benefit of each of these alternatives needs in-depth exploration. Research is also needed on those economic areas essential to the well-being of women: living arrangements, as well as how services can supplement income.

Research is needed on how macroeconomic variables, such as inflation, impact on persons in varying economic circumstances at various phases of life. Finally, more information is needed on the various phases through which retired persons pass. Time allocation, personal ties, consumer expenditures, income flow, expenses related to various living arrangements and geographic locations all change after the age of 65; the changes are not always tied to chronological age.

As more women participate in the labor force for longer periods of time, retirement from the labor market becomes an issue of more widespread psychological, social and economic relevance. It is important in studies of post-retirement that researchers explore the full range of experiences, including positive ones, and not merely view retirement as a loss. Many recent surveys have found that, controlling for health problems, retirement does not result in a diminished sense of well-being. But we do need to know more about the effects of events associated with retirement: when couples retire simultaneously; when either spouse retires first; and when widowed, divorced or never-married women retire. There are increasing numbers of couples in which the husbands are retired while the wives are still in the work force. The proportion is likely to increase given the growing numbers of second marriages in which there is a greater differential between the age of the spouses. This is likely to have a variety of consequences for martial interaction which have not been studied.

## VII. UNADDRESSED ISSUES

In spite of the great range of research questions raised, conferees identified a number of major research areas not addressed, insufficiently explored, or which should be pursued in subsequent conferences:

- the role of the educational system in influencing women's aspiration levels, in developing their competence and in opening up opportunities and providing continuing education. The impact of the media in shaping the sex role expectations, self-concepts and sense of well-being of women.
- the effects of violence against women, in the media and in life (although it is known that older women are frequent victims of violence in television dramas).
- abuse of older women, including sexual assault of women over the age of 70, a not infrequent event.

The rising divorce rate can be expected to have increasingly important impacts on the economic, social and psychological lives of older women. Among the many divorce-related questions will be the effects on the support system of the grandparents on the non-custodial side of diminished or lost contact with the grandchildren.

Although the issue of residential patterns of older women was mentioned at the conference, it was not explored in depth. More information is needed about the timing, sequence and economic

precursors and consequences of residential change in the later years. The location and type of residence can have implications for access to services and social life, general mobility, nutrition, as well as a sense of dignity.

The need for the development of new methodologies, as well as for resolution of longstanding methodological issues, was not fully explored. Assessment instruments are needed to measure concepts such as intimacy, ambition, and vicarious need achievement.

The methodological problems of longitudinal research with the elderly were not explored. Issues such as expense, attrition in the sample, the length of time before data are available, as well as the critical impact of the events of the times, all were identified as needing further exploration.

The conference did not attempt to explore questions of personality stability and change throughout the life course. Nor were problems explored which relate to the old age of men. These were considered of such importance and magnitude as to warrant significant subsequent conferences.

Appendix A

PLANNING GROUP FOR WORKSHOP ON THE OLDER WOMAN:

CONTINUITIES AND DISCONTINUITIES

Helena Lopata, Ph.D., (Chairperson)
Professor
Department of Sociology
Loyola University
Chicago, Illinois 60626

Robert A. LeVine, Ph.D.
Professor of Anthropology
Laboratory of Human Development
Harvard University
Cambridge, Massachusetts 02138

Judith Long Laws, Ph.D.
Associate Professor
Department of Sociology
Syracuse University
Syracuse, New York 13210

Karen Paige, Ph.D.
Associate Professor
Department of Psychology
University of California, Davis
Davis, California 95616

Shirley Bagley, MSW, M.A.
Health Scientist Administrator
Extramural and Collaborative
Research Program
National Institute on Aging, NIH

Jacob Brody, M.D.
Associate Director
Epidemiology, Demography, and Biometry Program
National Institute on Aging, NIH

Betty H. Pickett, Ph.D.*
Associate Director
Extramural and Collaborative
Research Program
National Institute on Aging, NIH

Joyce B. Lazar, M.A.
Chief, Social Science Section
Division of Extramural Research
Programs, NIMH
Rockville, Maryland 20857

*Now Deputy Director,
National Institute of Child Health and Human Development

## Appendix B

## LIST OF PARTICIPANTS AT WORKSHOP ON THE OLDER WOMAN: CONTINUITIES AND DISCONTINUITIES

BETTY H. PICKETT, Ph.D., Chairperson, NIA Coordinator
Associate Director*
Extramural and Collaborative
Research Program
National Institute on Aging
Bethesda, Maryland 20205

JOYCE B. LAZAR, Co-Chairperson, NIMH Coordinator
Chief, Social Science Section
Division of Extramural Research Programs
National Institute of Mental Health
Rockville, Maryland 20857

ROBERT N. BUTLER, M.D.
Director
National Institute on Aging
Bethesda, Maryland 20205

HELEN S. ASTIN, Ph.D.
Professor
Department of Education
University of California, Los Angeles
Los Angeles, California 90024

JESSE BERNARD, Ph.D.
Research Scholar Honoris Causa,
Penn State University
4200 Cathedral Avenue, N.W.
Washington, D.C. 20016

HENRY P. BREHM, Ph.D.
Chief, Research Grants and Contracts
Office of Research & Statistics
Social Security Administration
Baltimore, Maryland 21235

GENE COHEN, M.D.
Chief, Center for Studies of the
Mental Health of the Aging
National Institute of Mental Health
Rockville, Maryland 20857

*Now Deputy Director, National Institute of Child Health and Human Development

GLEN ELDER, Ph.D.
Visiting Fellow
Boys Town Center for
Study of Youth Development
Boys Town, Nebraska 68010

GUNHILD HAGESTAD, Ph.D.
Professor
Department of Human Development
Penn State University
State College, Pennsylvania 16801

TAMARA HAREVAN, Ph.D.
Professor
Department of History
Clark University
950 Main Street
Worcester, Massachusetts 01610

EVA KAHANA, Ph.D.
Director, Elderly Care Research Center
Professor, Department of Sociology
Wayne State University
Detroit, Michigan 48202

HILDA KAHNE, Ph.D.
Professor of Economics
Department of Economics
Wheaton College
Norton, Massachusetts 02166

MARY GRACE KOVAR
Chief, Analytical Coordination Branch
National Center for Health Statistics
Health Resources Administration
Hyattsville, Maryland 20782

MARGARET KUHN
National Convener
Gray Panthers
3700 Chestnut Street
Philadelphia, Pennsylvania 19104

JUDITH LONG LAWS, Ph.D.
Associate Professor
Department of Sociology
Syracuse University
Syracuse, New York 13210

KAREN PAIGE, Ph.D.
Associate Professor
Department of Psychology
University of California, Davis
Davis, California 95616

DAVID PLATH, Ph.D.
Professor of Anthropology
Department of Anthropology
University of Illinois
109 Davenport Hall
Campaign-Urbana, Illinois 61801

JOSEPH PLECK, Ph.D.
Program Director, Family and Work Program
Center for Research on Women
Wellesley College
Wellesley, Massachusetts 02181

LILLIAN B. RUBIN, Ph.D.
Research Sociologist
Institute for Scientific Analysis
2408 Lombard Street
San Francisco, California 94123

MILDRED M. SELTZER, Ph.D.
Assistant Director
Scripps Foundation Gerontology Center
Miami University
Oxford, Ohio 45056

ETHEL SHANAS, Ph.D.
Professor of Sociology
Department of Sociology
University of Illinois
Chicago, Illinois 60680

PERCIL STANFORD, Ph.D.
Director, University Center on Aging
School of Social Work
San Diego State University
San Diego, California 92041

ANN STUEVE
Research Associate
Center for Research on Women
in Higher Education and the Professions
Wellesley College
Wellesley, Massachusetts 02181

CLAUDWELL THOMAS, M.D.
Professor and Chairman
Department of Psychiatry and
Mental Health Services
New Jersey Medical School
Newark, New Jersey 07103

LILLIAN TROLL, Ph.D.
Professor and Chairperson
Department of Psychology
Rutgers University
New Brunswick, New Jersey 08903

ROBERT S. WEISS, Ph.D.
Professor
Department of Sociology
University of Massachusetts
Boston, Massachusetts 02115

MYRNA WEISSMAN, Ph.D.
Associate Professor of
Psychiatry and Epidemiology
Department of Psychiatry
Yale University
New Haven, Connecticut 06519